

APPEARANCE FORM (CRIMINAL - STATE)

State of Indiana

Case Number: _____

(File stamp)

[The case number is to be supplied by Clerk at the time of filing with the Clerk. The case number must include the Case Type under Administrative Rule 8(B)(3)]

1. Name of Defendant: _____

2. Prosecuting Attorney information (as applicable):

Name: _____ Attorney No. _____

Address: _____ Phone: _____

_____ FAX: _____

_____ Computer Address: _____

Deputy assigned case (Optional):

Name: _____ Attorney No. _____

3. Will the State accept service by FAX: Yes _____ No _____

4. Arrest report number (Originating Agency Case Number): _____

5. Transaction Control Number associated with the fingerprints submitted by the arresting agency:

6. State Identification Number assigned to the defendant by the Indiana State Police Central Records Repository if the defendant has been arrested and processed at the jail: _____

7. Additional information specified by state or local rule required to maintain the information management system employed by the court: _____

Authority: *Under Criminal Rule 2.1(A), this form shall be filed at the time a criminal proceeding is commenced. In emergencies, the requested information shall be supplied when it becomes available. Parties shall advise the court of a change in information previously provided to the court. This format is approved by the Division of State Court Administration.*